

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214532772</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>KELSEY-HAYES COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2014</b></p> <p>SCC ID NO: <b>F1302860</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> <tr> <td>PREFER</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000	PREFER	1,000
CLASS	AUTHORIZED							
COMMON	2,000							
PREFER	1,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 12001 TECH CENTER DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: LIVONIA, MI 48150</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EDWARD CARPENTER  TITLE: PRESIDENT  ADDRESS: 12001 TECH CENTER DRIVE  CITY/ST/ZIP/CO: LIVONIA, MI 48150 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: EDWARD CARPENTER TITLE: PRESIDENT ADDRESS: 12001 TECH CENTER DRIVE CITY/ST/ZIP/CO: LIVONIA, MI 48150	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN A WALKER-LEE SECRETARY 12001 TECH CENTER DRIVE LIVONIA, MI 48150	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFERY M COOPER ASST SECRETARY 12001 TECH CENTER DRIVE LIVONIA, MI 48150	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY L HERMANSON ASST SECRETARY 12001 TECH CENTER DRIVE LIVONIA, MI 48150	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK JANKOWSKI SR DIR GLOB TAX 12001 TECH CENTER DRIVE LIVONIA, MI 48150	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIANN MCNALLY ASST SECRETARY 12001 TECH CENTER DRIVE LIVONIA, MI 48150	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G. PATRICK OLNEY VICE PRESIDENT 12001 TECH CENTER DRIVE LIVONIA, MI 48150	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ GARY L HERMANSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		GARY L HERMANSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		6/25/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					